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INSTITUTE OF SOCIAL MEDICINE
10. PARKS ROAD, OXFORD

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL MEDICAL SERVICE
REPORT
OF THE
SCHOOL MEDICAL OFFICER,
HAROLD M. COHEN, M.D., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1941
[THIRTY-FOURTH YEAR]

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INSTITUTE OF SOCIAL
MEDICINE
10, PARKS ROAD,
3 OXFORD

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STAFF

School Medical Officer.

HAROLD M. COHEN, M.D., D.P.H.

Assistant School Medical Officers.

JOHN G. HEATHCOTE, L.R.C.P., L.R.C.S. (To 30th October, 1941).
JOSEPH H. CAMPAIN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
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ETHEL SKERRITT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Temporary).
THELMA E. McQUAID, L.R.C.P., L.R.C.S. (Temporary).

Specialist Officers.

Skin and *X*-Ray Section	*E. FRETSON SKINNER, M.A., M.D., F.R.C.P.
Ophthalmic Section	*PERCIVAL J. HAY, M.D. *EDITH HATHERLEY, M.B., Ch.B., D.O.M.S.
Aural Section	*JOHN H. COBB, M.B., B.S., F.R.C.S.
Orthopædic Section	*FRANK W. HOLDSWORTH, B.A., M.Chir., F.R.C.S.
Rheumatism and Heart Section	*CUTHWIN H. BÖSENBERG, M.B., Ch.B.

School Dental Surgeons.

EDMUND A. REEVE, L.D.S., R.C.S.
JOHN K. PENNEY, L.D.S.
MARY M. PELLATT, L.D.S., R.C.S.
ALFRED E. GISBURN, L.D.S.
AGNES M. THOSEBY, L.D.S.
FRANK W. WALMSLEY, L.D.S., R.C.S.
†OSWALD S. BENNETT, L.D.S., R.C.S.
†JOHN W. MARQUIS, L.D.S.
ALBERT E. CLARKE, L.D.S.
*ERICA CURRY, L.D.S.

Child Guidance Clinic.

Medical Director—THE SCHOOL MEDICAL OFFICER.

*MICHAEL FORDHAM, B.A., M.B., Ch.B., M.R.C.P. (Psychiatrist).
NOEL E. WHILDE, B.Sc. (Psychologist in charge).
KATHLEEN M. HOLT, B.A., B.Ed. (Psychologist).
HILARY H. RIGGALL (Psychiatric Social Worker).
MARGARET P. TICKLE (Temporary Psychiatric Social Worker).

Speech Therapist	EVELINE L. DRON (To 30th September, 1941).
School Nurses	ELSIE C. CRUICKSHANK (Chief Nurse) and 28 Nurses.
Bents Green Residential Open Air School	MARGARETTA W. LYON (Matron).
Ash House School	ELSIE JOHNSON (Matron).
After-Care Officer	LUCY A. HURT (To 19th October, 1941). ETHEL RUSSELL, D.P.A. (From 3rd November, 1941).
Clerical Staff	REGINALD E. NORTH (Chief Clerk) and 19 Clerks.
Other Staff	2 Dental Assistants, 10 Dental Attendants, 1 Dispenser and 2 part-time Orthoptists.

† On War service.
* Part-time Officers.

CENTRAL CLINIC AND OFFICE : 7, Leopold Street, Sheffield, 1. (Telephone 22214).

December, 1941.

SUMMARY OF WORK, 1941

	Children.	Attendances.
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools— 2,002		
Routine Inspection—		
Elementary Schools	17,147	
Special Schools	206	
Nursery Schools and Classes	763	
Grammar Schools and other Institutions	2,987	
Selected cases	1,748	
" Following up "	2,551	
Special visits	10,297	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection Clinic	18,751	83,269
Minor Ailment Clinic	18,236	
OPHTHALMIC CLINIC—		
Treated by the Surgeons	3,461	7,024
Dressed by Nurses	1,468	17,162
Orthoptic Treatment	289	3,162
AURAL CLINIC—		
Treated by the Surgeon	548	777
Dressed by Nurses	1,697	23,662
DENTAL CLINIC—		
Inspected at schools	39,631	
Inspected at clinics	6,272	
Treated	18,002	29,925
ORTHOPÆDIC CLINIC—		
Examined by the Surgeon	431	619
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	28	28
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	6,581	15,795
SCHOOL NURSES—		
Examinations of children in schools	134,400	
Visits to homes	4,173	
Minor dressings at clinics and schools	10,066	73,341
Children bathed at Cleansing Station	2,300	2,300
TOTAL ATTENDANCES OF CHILDREN AT THE SCHOOL CLINICS, ETC.		257,064

CITY OF SHEFFIELD

GENERAL INFORMATION.

Population	496,700
Area	39,598 acres.
Density of Population	12·54 persons per acre.
Rateable Value	£3,395,599
Education Rate	48·12d.
Penny Rate produces	£12,800
Elementary Schools (including Nursery Schools)	
Number of schools	124
Number of departments	216
Average number on rolls	55,498
Average attendance	45,298
Special Schools—	
Number of schools	11
Average number on rolls	906
Average attendance	714
Schools for Higher Education—	
Number of schools	9
Average number on rolls	4,300

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL MEDICAL SERVICE

To the Chairman and Members of the Education Committee.

I have the honour to present for your consideration the report on the work of the School Medical Service for the year ended 31st December, 1941.

The report again appears in an attenuated form. " Conciseness has become the major virtue in all who put pen to paper." An attempt, however, has been made to preserve the salient features and certain aspects relating to innovations are treated more fully. The statistical tables are in the form required by the Board.

It is gratifying to report that in spite of a year bringing special problems due to war-time conditions, it has been possible to increase the activities of the Service.

Rheumatism and heart disease have long been the subject of the Committee's care and following the opening of Ash House for the residential treatment of these conditions, a clinic for these diseases has been instituted by the Committee during the year. The visiting physician to this clinic has also the care of the children at Ash House.

Immunization against diphtheria in collaboration with the Public Health Service is a momentous task, most willingly undertaken by the School Medical Service, during the year.

The introduction of school meals on payment in the Elementary Schools is welcomed. In particular, the nutritional aspect of this measure is far reaching.

For the rest, the work has proceeded with the same enthusiasm as in previous years. Words and bare figures in the following pages give no account of the individual application by the members of the staff.

It is with profound regret that we record the death of Mrs. Wrigley, a co-opted member, and Alderman Rowlinson, Chairman of the Committee, during the year. Mrs. Wrigley showed keen interest in the welfare of school children and is specially remembered for her work on the House Committees.

National and local tributes have been accorded to Alderman Rowlinson, more especially for his work to further the benefits of education and the writer desires to acknowledge gratefully his active co-operation and willing help in the province of school medicine.

It is a pleasure again to acknowledge the continued help and interest of the Chairman and Members of the Committee in the welfare of the children ; the consideration and ready help received from Dr. Alexander, the Director of Education, and his staff, and the continued enthusiasm and loyal collaboration of the School Medical Service staff.

H. M. COHEN,
School Medical Officer.

April, 1942.

STAFF

The year has seen so many changes on the staff, through calls to H.M. Forces, retirements on superannuation and resignations that it would be pointless to enumerate all the details. Certain appointments and changes, however, justify appropriate comment.

Dr. J. G. Heathcote retired from the service at the end of October after more than twenty-six years loyal service with the Authority. Through these years he worked quietly but effectively and he soon gained the confidence of the parents by his manner, knowledge and views based on sound judgment. The Committee showed their confidence by appointing him Acting School Medical Officer after Dr. Chetwood's death, and his departure is a distinct loss.

Amongst the changes on the medical staff was the appointment of Dr. Eithne O'Connell to the permanent staff in place of Dr. Greenep. Various changes occurred amongst the temporary staff but at the end of the year there was a full complement of medical staff.

The dental personnel was drastically reduced by the " calling up " of three dentists, Messrs. Marquis, Hosty and Bennett, to H.M. Forces in March. The position became worse in June when Mrs. Curry was able to give part-time service only as none of these vacancies was filled in spite of repeatedly advertising.

Nurse E. Steele retired in March after nineteen years' service and Nurse E. J. Hall retired in November after thirty years' service. Grateful acknowledgment is made to their excellent work and their effective help in the early pioneer days of school nursing. Temporary appointments have been made to replace these nurses and others who resigned during the year.

One other retirement calls for mention. Miss L. Hurt, who was appointed After-Care Officer in April, 1930, retired in October and during this period rendered able and devoted service. Her work may not have been in the limelight, but to those who were associated with her it was very clear how unstintingly she gave her best to the handicapped children of the City.

CO-ORDINATION

A full review of the inter-availability service between the Health Department and the School Medical Service has been given previously. During the year, immunization against diphtheria was undertaken by the School Medical Service in conjunction with the Health Department.

Treatment of pre-school children at the various school clinics :—

Treatment given—	Cases.
Dental	158
Aural	46
Ophthalmic	—
Minor ailments and general	2

GENERAL: THE CHILD IN WAR-TIME

Following the heavy air raids in December, 1940, it is pleasing to recall that none of the medical and dental clinics was put out of commission.

As soon as the medical and dental officers completed their special duties arising from the raids, a skeleton medical and dental clinic service was offered through the Press and when the schools re-opened in late January full normal services were resumed.

During the year, the school medical officers have again watched carefully for any ill effects which could be attributed to the war and to enemy raids. The consensus of opinion appears to be that generally, the children showed no signs of mental strain and that the physical health has remained satisfactory. Several interesting features, however, emerge from this general survey.

One medical officer reports that there has been an increase in minor illnesses such as tonsillitis, bronchial catarrh and feverish colds. Furthermore, these cases do not recover as quickly as might be expected, and some have suffered repeated febrile attacks. More children came to this particular clinic unaccompanied, and this was more marked in the group described. The reason given was that the mothers are working and it is possible that the home treatment is inadequate and more specially, the restriction on keeping children indoors is not enforced.

Another medical officer reports slight increase in cases of enlarged cervical and sub-maxillary glands accompanied by debility.

A further observation from a medical officer indicates that the cases of drying diseases of the skin, such as chafing and dry eczema show some increase and these are attributed to shortage of fat and lack of fresh fruit and vegetables in the diet of the children. There has also been some increase in the number of children who have complained of travel sickness, drowsiness, nausea and other symptoms of ketosis. These have been cured by the administration of glucose which suggests that lack of sugar may have been a contributory cause.

These critical observations, however, should be judged in their proper perspective of a broad view showing the general maintenance of the children's health.

MEDICAL INSPECTION

There have been no material alterations in the local arrangements for medical inspection which were described in previous Reports.

The medical officers paid their visits to the schools for the routine medical inspections and for " follow-up " examinations. In this way, according to the local practice of classroom inspections all the children attending school have come under review. In addition it has been found possible to examine children on home service who were due for routine examination.

The number of children found to require treatment for various defects was 1,514 and 473 letters were sent to parents, advising them of these conditions. The remainder were referred to the clinics. In addition, 1,253 children were referred for further medical supervision.

At the " follow-up " examinations which take place approximately six months after the routine medical inspections, 2,551 children were examined.

At both the routine and " follow-up " examinations the teachers are encouraged to present children not falling in the fixed age-group for whom they consider medical inspection advisable. In addition, the medical officers visit the classrooms for this purpose. There were 1,748 of these " special " cases and 281 were found to require treatment. Letters were sent to 68 parents of these children advising them to obtain the requisite treatment, whilst further supervision was required for 257 children.

The percentage of the three groups requiring treatment (excluding defects of nutrition, uncleanliness and dental disease), were as follows :—

Age Groups.	Percentage of Children found to require treatment.
Entrants	**8·71**
Intermediates	**9·51**
Leavers.	**8·25**

All the Inspection Clinics were open throughout the year.

NUTRITION

The evaluation of the nutrition of the children examined as routines at the various age-groups is shown below, compared with the figures for 1939 and 1940. The figures for England and Wales for 1938, which are the latest available, are also given.

Age Groups—		Number examined.	Excellent.	Normal.	Slightly sub-normal.	Bad.
			%	%	%	%
Entrants	1941	7,461	11·81	75·75	12·34	·09
	1940	5,586	12·19	77·96	9·39	·45
	1939	3,839	10·68	78·53	10·73	·05
Intermediates	1941	5,117	13·29	72·09	14·52	·09
	1940	4,996	13·69	75·20	10·56	·54
	1939	3,628	11·60	74·42	13·89	·08
Leavers	1941	4,569	18·60	70·39	10·99	·02
	1940	4,526	19·81	70·81	9·06	·31
	1939	3,317	14·92	72·05	13·02	—
Total	1941	17,147	14·06	73·23	12·63	·07
	1940	15,108	14·97	74·91	9·68	·43
	1939	10,784	12·29	75·16	12·50	·04
Total for England and Wales	1938	1,674,023	14·5	74·2	10·8	·5

On face value, it would appear that the general state of nutrition is slightly inferior to that which prevailed last year. It will be remembered, however, that the writer has repeatedly insisted that there is no absolute yard-stick with which to measure nutrition, and that the assessment is clinical and individually subjective in its approach. Yet, taken in conjunction with other analyses made during the year, the findings may be of significance as a warning signal.

A study of the tables below giving the average heights and weights, shows a decrease in the average weight for certain age-groups compared with the previous year. Whilst it is proper to note these decreases, fortunately the increases in the other age-groups give on balance a general slight increase.

Planned war-time dietary is rational and aims at bringing into prominence compensatory foods which make up a balanced diet. Whilst this is satisfactory for function and energy, it has already been pointed out that the shortage of the powerful body-building foods will possibly cause a reduction in the average size of the children.

The remedy in a large measure lies in school meals as there are strong indications which were advanced in last year's Report that the mothers are already making the best use of the available food.

The value of the existing Milk-in-Schools Scheme also cannot be over estimated. For those children showing signs of sub-normal nutrition, cod liver oil and malt and auxiliaries are provided with nomination to the residential and day open-air schools as indicated. One of the most important factors necessary for healthy growth, however, may be forgotten in the spate of discussion on dietaries. Parents sometimes overlook this value of sleep or plead that it is difficult for children to rest whilst there is daylight. With Greenwich time, however, it was necessary to put children to bed in daylight and no difficulties were encountered in those days. Some artificial aid may be necessary but the normal rhythm of human activities ensures sleep at the appropriate hour. The importance of putting children to bed at the usual times cannot be over stressed.

HEIGHTS

SHEFFIELD ELEMENTARY SCHOOLS

BOYS									GIRLS								
Age	Board of Education Standard 1928	1920	1928	1938	1939	1940	1941	No. Examined	Age	Board of Education Standard 1928	1920	1928	1938	1939	1940	1941	No. Examined
	Inches	Inches	Inches	Inches	Inches	Inches	Inches	1941		Inches	Inches	Inches	Inches	Inches	Inches	Inches	1941
3	—	—	—	—	—	—	37·56	69	3	—	—	—	—	—	—	37·67	73
4	39·2	38·8	40·0	40·79	40·83	40·67	40·78	182	4	38·4	38·85	39·9	40·63	40·55	40·55	40·47	151
5	41·4	40·5	41·3	42·44	42·56	42·68	42·87	1,754	5	41·1	40·75	41·5	42·13	42·2	42·44	42·60	1,728
6	43·0	42·75	44·6	44·76	44·65	44·76	44·88	1,357	6	42·8	42·45	43·4	44·25	44·33	44·37	44·64	1,283
7	45·4	44·4	45·85	47·09	46·81	46·97	47·01	422	7	45·1	44·05	46·1	46·77	46·54	46·54	46·73	441
8	47·8	46·9	48·3	49·21	49·29	49·41	49·45	1,282	8	47·5	46·9	47·85	48·86	49·17	49·17	49·13	1,217
9	49·2	48·45	49·7	50·47	50·59	51·06	51·10	1,068	9	48·9	47·95	49·9	50·39	50·51	50·83	50·94	1,088
10	51·3	49·8	50·55	52·28	53·11	52·44	52·28	220	10	51·2	50·25	50·75	52·13	51·97	52·56	52·32	197
11	52·7	53·55	52·6	53·98	55·59	54·09	54·33	26	11	52·8	51·1	53·5	55·28	55·31	53·98	55·27	20
12	55·0	54·05	55·1	56·42	56·57	56·61	56·77	1,085	12	55·6	54·5	56·5	57·52	57·52	57·6	57·75	1,044
13	56·2	55·7	56·2	57·91	57·8	58·19	58·54	1,149	13	56·9	56·05	57·6	58·9	58·74	59·33	59·76	1,149
14	58·0	56·45	57·9	59·8	59·25	60·63	60·86	75	14	58·9	57·0	58·3	60·75	60·71	60·24	60·75	57
15	—	—	—	—	—	—	64·21	7	15	—	—	—	—	—	—	62·79	2
16	—	—	—	—	—	—	—	—	16	—	—	—	—	—	—	66·14	1

WEIGHTS

SHEFFIELD ELEMENTARY SCHOOLS

BOYS									GIRLS								
Age	Board of Education Standard 1928	1920	1928	1938	1939	1940	1941	No. Examined	Age	Board of Education Standard 1928	1920	1928	1938	1939	1940	1941	No. Examined
	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	1941		Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	1941
3	—	—	—	—	—	—	33·70	69	3	—	—	—	—	—	—	33·13	73
4	35·9	36·2	37·7	39·15	39·0	39·2	38·62	182	4	33·7	35·15	36·2	37·79	37·43	37·83	36·83	151
5	38·7	38·6	42·65	41·49	41·58	41·76	42·02	1,754	5	37·5	38·9	38·8	39·93	40·06	40·61	40·63	1,728
6	41·3	42·2	44·6	45·72	45·11	45·53	45·87	1,357	6	40·1	40·45	42·3	43·87	44·11	43·89	44·26	1,283
7	45·4	45·1	48·2	51·1	50·2	50·31	50·39	422	7	44·4	42·1	47·7	49·12	48·92	48·88	48·54	441
8	51·0	50·15	53·3	56·17	56·55	56·7	56·37	1,282	8	49·4	49·05	51·8	54·17	54·87	54·94	54·25	1,217
9	54·8	52·25	57·75	60·0	60·01	61·02	61·15	1,068	9	52·6	52·2	55·65	58·0	58·4	59·59	59·67	1,088
10	59·6	57·7	60·65	64·29	68·19	66·12	64·79	220	10	59·8	53·4	59·5	63·8	63·87	65·26	63·27	197
11	64·6	68·2	64·9	70·86	75·6	69·23	68·82	26	11	63·9	61·75	70·95	75·44	74·36	71·28	70·65	20
12	71·6	70·4	74·95	80·14	80·89	80·53	80·75	1,085	12	73·9	71·05	77·5	83·47	84·26	84·48	83·84	1,044
13	76·5	73·75	80·0	85·61	85·45	87·06	88·29	1,149	13	79·0	77·35	83·4	89·66	89·66	92·29	94·31	1,149
14	86·1	79·55	84·4	94·14	92·86	97·4	97·09	75	14	88·2	78·95	90·0	100·5	100·29	96·06	98·98	57
15	—	—	—	—	—	—	115·98	7	15	—	—	—	—	—	—	111·33	2
16	—	—	—	—	—	—	—	—	16	—	—	—	—	—	—	115·74	1

SCHOOL MEALS

The scheme adopted by the Committee in April, 1941, following Circular 1520, to provide mid-day meals on payment for every child whose parents wish to take advantage of the service, is welcomed for many reasons.

Although the School Medical Service has been responsible for many preventive measures as distinct from ameliorative remedies, yet, as the Chief Medical Officer of the Board has pointed out on various occasions, there has not been the same drive and effort for the nutrition of the normal child. The nutritional benefit of planned meals at the school canteens shows a distinct step in this direction.

From the outset the mid-day meal was considered the principal meal of the day and it was realised that the parents would look upon it as such. There was no question of making a profit, but the first consideration was an adequate supply of first-class animal proteins, protective foods and fat in order to ensure a well-balanced diet. These are the commodities in the main, which are in short supply. Circular 1571 of the Board, appearing in November, reinforced these principles and in addition announced the doubling of the allowances of meat and sugar together with an increased amount of preserves and a special allowance of milk for cooking. Attention has been paid to the Oslo type of school meal and constituents are gradually introduced into the usual menus. Tradition cannot be readily flouted and indeed Pavlov has shown that if food was not attractive and acceptable, it might not be fully assimilated. At the same time, with ingenuity and appropriate culinary skill it is hoped that the majority of the ingredients if available will find their place on the menus.

The educational and social advantages are also of great value and can well be summed up in the following statement : "The children learn the importance of a properly balanced meal eaten under attractive conditions and become accustomed to a wholesome and varied diet. They also learn good table manners and to wait on others. The dinners help to foster a happy social spirit and are an important factor in promoting sound corporate life in the school." (*Association of Teachers of Domestic Subjects, 1937*).

A further pleasing feature of the present system is that no distinction is made between children who are receiving free meals and those who pay.

So well have the arrangements for school meals been pressed forward that at the end of the year the report showed that 20,252 children were receiving mid-day meals in school. The full scheme for the provision of meals at school canteens which was adopted by the Authority in April, 1941, includes the operation of ten large cooking centres each equipped to supply 1,500 meals daily, and 23 small centres with an output of 200 to 300 apiece. The meals are transported to the schools in the Committee's vans and special Thermo containers have been obtained for this purpose.

Total number of dinners supplied during 1941.—1,165,529.

Number of free meals supplied during the last three years :—

	1939.	1940.	1941.
Breakfasts	237,046	84,418	26,631
Dinners	286,960	107,853	79,338
Teas	48,656	22,921	32
Total	572,662	215,192	106,001

Number of children on the free meals list, December, 1941.—1,061.

PROVISION OF MILK

The nutritional value of milk is now so well established that it must be reported with regret that the supplies were not available until the end of April and that even from that date full supplies have not been obtained.

MILK ON PAYMENT

The high percentage of children participating in the Milk-in-Schools Scheme has been well maintained. Tribute must be paid to the help given by teachers who often have to work under great difficulties to make the scheme effective.

FREE MILK

During medical examinations at the schools, the medical officers recommended 663 children for free milk. Nutritional analysis of these gave the following classification :—

Normal	195
Slightly sub-normal	458
Bad	10

In addition, 3,190 children in receipt of free milk were re-examined and fell into the following classification :—

Excellent	9
Normal	1,375
Slightly sub-normal	1,741
Bad	65

At the clinics 117 children were recommended for free milk and of these 38 were classified as normal and 79 as slightly sub-normal. In most cases the parent attends and advantage is taken of this consultation for a discussion of all the factors bearing on the child's condition.

The medical officers reported that 224 children have been removed from the free milk list. The regular supervision of the children on the free milk list is in accordance with the rules laid down by the Board.

MILK CONSUMPTION

Week ended.	Average attendance.	Receiving milk on payment.	Receiving free milk.
11th December, 1937	53,265	32,914	7,813
10th December, 1938	53,804	33,741	7,768
15th July, 1939	54,582	34,322	7,780
	No. on rolls.		
13th September, 1940	58,143	43,378	4,811
	Average attendance		
11th December, 1941	46,012	35,119	3,100

All milk supplied to the schools is pasteurised.

CLEANLINESS

The figures obtained from inspections at the routine examinations are given below and show a slight deterioration in the case of the boys and some slight improvement in the case of the girls. The percentage of infested heads found by the nurses at the cleanliness surveys shown on page 34 are higher, as these inspections took place without notice to the parents. The general impression is that less care has been given to the personal hygiene of the children during the past year.

Careful attention has been paid to the problem as indicated fully in last year's Report. Following the receipt of Circular 1544 early in the year, further consideration was given to educative action and a meeting with the inspectorate was held, the position surveyed, and the inspectors very readily agreed to give all possible help. A circular was sent to all schools indicating the nature of the assistance which could be given. The informative leaflet, " War Against Lice," was sent at the same time.

The School Medical Officer has discussed the question of the environmental aspect with the Medical Officer of Health, to whom lists of infested children are sent regularly.

CLEANLINESS OF HEAD

		Clean. %	Nits. %	Lice. %
Boys	1930 ..	97·23	2·64	·13
	1940 ..	97·08	2·90	·01
	1941 ..	96·92	3·07	·01
Girls	1930 ..	77·38	22·23	·39
	1940 ..	80·71	19·25	·03
	1941 ..	82·65	17·26	·08

CLEANLINESS OF BODY

		Clean. %	Dirty. %	Body Lice. %
Boys	1930 ..	94·49	5·47	·04
	1940 ..	99·13	·87	—
	1941 ..	99·46	·52	·01
Girls	1930 ..	94·44	5·54	·02
	1940 ..	99·29	·69	·01
	1941 ..	99·39	·59	·01

BATHS AND CLEANSING

The shower baths at Maltby Street and at Whitby Road up to September have served children from the schools in the neighbourhood. From June, the children at Wincobank School have used the shower baths at Wincobank Public Bath. This arrangement is in accordance with the policy suggested in the Ministry of Health Circular 1950.

CLOTHING AND FOOTGEAR

	SATISFACTORY.			UNSATISFACTORY.		
	1939.	1940.	1941.	1939.	1940.	1941.
Clothing ..	99·82%	99·57%	98·64%	·17%	·43%	1·35%
Footgear ..	98·53%	98·94%	98·19%	1·47%	1·05%	1·80%

There has been some deterioration in the standard of clothing and footgear as seen at the routine inspections, and this is of some interest in view of the national representations.

SCHOOL HYGIENE

At the close of the routine medical inspection the school medical officers make a rapid examination of the hygienic condition of the school. Any structural defects are reported and any environmental problems such as the position of desks in relation to lighting, are discussed with the teachers.

INSPECTION CLINICS

The value of the inspection clinics continues to be demonstrated by the attendances of children for purposes outlined in previous Reports. The accompanying table records the nature of the consultations during the year.

INSPECTION CLINICS

Condition	A Attercliffe	B Pitsmoor	C Hillsbro'	D Heeley	E Central	F Central	H Handsworth
Malnutrition	18	63	30	6	5	22	8
Eye—							
Defective Vision	57	77	64	57	20	79	12
Squint	26	78	36	16	8	2	14
Other Conditions	13	23	7	19	10	27	8
Ear—							
Deafness	23	38	10	23	7	12	5
Other Diseases	10	3	2	7	1	7	2
Nose and Throat —							
Chronic Tonsillitis	49	19	20	16	10	45	3
Adenoids	8	7	—	5	—	2	—
Chronic Tonsillitis and Adenoids	13	24	4	11	11	42	3
Other Conditions	750	288	173	162	86	164	35
Enlarged Glands .. .. (Non-Tuberculous)	66	30	58	21	14	31	5
Defective Speech	8	3	2	—	1	3	6
Teeth	14	9	10	4	11	10	4
Heart and Circulation—							
Organic Disease	20	25	11	7	4	14	3
Functional Disease ..	1	23	4	1	2	4	—
Anæmia	62	45	6	24	12	33	7
Rheumatism	48	50	57	33	18	71	17
Debility	100	119	193	47	59	92	75
Lungs—							
Bronchitis	130	117	110	139	92	173	77
Other Non-Tuberculous Diseases	75	40	93	47	7	25	4
Tuberculosis—							
Pulmonary—							
Definite	1	1	3	3	—	—	—
Suspected	6	11	12	23	6	7	2
Non-Pulmonary—							
Glands	—	2	8	—	1	4	—
Spine	1	—	1	—	—	3	—
Hip	1	1	2	—	1	2	—
Other Bones and Joints	—	—	1	—	2	2	—
Skin	—	—	1	—	—	—	—
Other forms	—	—	—	—	—	—	—
Nervous System—							
Epilepsy (Major and Minor)	3	7	2	16	2	2	1
Chorea	5	8	5	10	3	6	5
Other conditions	45	20	25	47	6	42	3
Deformities—							
Rickets	—	—	—	1	—	1	—
Lateral Curvature	1	—	—	—	—	2	—
Infantile Paralysis ..	—	1	1	—	—	2	1
Other forms	43	41	10	9	11	25	6
Mental Defects	1	2	5	1	10	11	—
Infectious Diseases	210	106	65	27	30	69	23
Post Diphtheria	73	67	108	56	64	72	15
Diphtheria Contacts ..	143	81	131	56	63	74	24
Other Defects and Diseases ..	569	171	144	258	47	107	66
No appreciable defect ..	107	156	155	166	131	179	54
Cases	2,700	1,756	1,569	1,318	755	1,468	488

K Woodhouse	L Shiregreen	P Manor	R Wisewood	Y Wybourn	Special Cases	Total	Condition
8	33	24	47	6	48	318	Malnutrition
							Eye—
6	54	52	30	11	32	551	Defective Vision
10	19	44	17	1	—	271	Squint
3	27	20	3	3	21	184	Other conditions
							Ear—
4	33	32	8	1	3	199	Deafness
—	10	—	2	—	8	52	Other Diseases
							Nose and Throat—
6	27	38	10	25	11	279	Chronic Tonsillitis
1	10	12	—	9	2	56	Adenoids
7	62	17	6	5	4	209	Chronic Tonsillitis and Adenoids
58	361	645	75	207	69	3,073	Other conditions
12	121	96	38	18	16	526	Enlarged Glands (Non-Tuberculous)
—	7	2	1	2	1	36	Defective Speech
6	37	17	—	13	1	136	Teeth
							Heart and Circulation—
2	32	10	10	1	12	151	Organic Disease
1	15	7	16	1	2	77	Functional Disease
16	91	49	37	12	51	445	Anæmia
4	146	48	58	30	21	601	Rheumatism
43	104	147	74	24	108	1,185	Debility
							Lungs—
36	179	179	83	114	86	1,515	Bronchitis
43	181	262	23	7	41	848	Other Non-Tuberculous Diseases
							Tuberculosis—
							Pulmonary—
—	4	—	1	1	1	15	Definite
—	47	—	4	8	1	127	Suspected
							Non-Pulmonary—
—	19	1	1	—	2	38	Glands
—	2	—	1	—	1	9	Spine
—	1	2	—	—	4	14	Hip
—	3	—	—	—	2	10	Other Bones and Joints
—	—	—	—	—	—	1	Skin
—	—	—	—	—	—	—	Other forms
							Nervous System—
1	14	4	2	3	4	61	Epilepsy (Major and Minor)
—	27	13	2	1	4	89	Chorea
8	107	72	23	4	63	465	Other conditions
							Deformities—
—	6	3	—	1	1	13	Rickets
—	1	—	—	—	—	4	Lateral Curvature
—	—	2	3	1	3	14	Infantile Paralysis
5	29	27	27	5	28	266	Other forms
1	11	3	2	3	5	55	Mental Defects
39	193	168	52	94	7	1,083	Infectious Diseases
6	61	86	26	25	23	682	Post Diphtheria
18	134	125	14	51	16	930	Diphtheria Contacts
43	232	331	230	147	81	2,426	Other Defects and Diseases
25	144	251	63	88	218	1,737	No appreciable defect
412	2,584	2,789	989	922	1,001	18,751	**Cases**

MINOR AILMENTS AND DISEASES OF THE SKIN

The accompanying table shows the nature of the conditions treated at the various clinics. There has been some increase in the number of children treated compared with the 13,509 who attended in 1940. This corroborates the general impression expressed earlier in the Report.

SCABIES

The number of cases during the year has again shown an increase over the previous year, 1,523 compared with 1,001. There had been an increase in the incidence of scabies over the country generally for several years before the present war and no explanation has accounted for this satisfactorily. The Scabies Order of October, 1941, under the Defence (General) Regulations, 1939, which gives power to the Medical Officer of Health to treat whole families compulsorily, may help to reduce the number of infected cases.

RINGWORM OF SCALP

It is gratifying to record a further decrease of cases of ringworm of the scalp. Treatment by *x* rays at the School Clinic was not required for any of these children and at the end of the year there were no cases with active disease.

MINOR AILMENT CLINICS

Condition	A	B	C	D	E	F	H	K	L	P	R	Y		
	Attercliffe	Pitsmoor	Hillsborough	Heeley	Central		Handsworth	Woodhouse	Shiregreen	Manor	Wisewood	Wybourn	Special Cases	Total
Eye—														
Blepharitis	49	44	34	55	12	29	19	11	58	77	10	16	6	420
Conjunctivitis	41	60	28	58	18	49	20	2	106	34	47	30	16	509
Inflamation of cornea	3	—	—	—	1	1	—	—	1	2	—	—	—	8
Other conditions	74	23	26	72	21	28	7	8	85	117	30	24	8	523
Ear—														
Discharging ears	108	104	68	86	41	47	35	13	131	112	38	33	26	842
Deafness	16	—	1	4	—	—	9	—	5	2	—	—	8	45
Other diseases	111	71	29	48	17	42	12	17	99	83	35	18	12	594
Skin—														
Ringworm—Head	3	2	1	3	—	—	—	7	7	—	—	—	7	30
Body	14	13	15	12	5	8	2	2	38	20	16	5	3	153
Scabies	32	80	45	49	32	36	23	7	156	42	22	49	950	1,523
Impetigo	137	240	68	130	90	110	40	43	329	308	55	77	28	1,655
Sore head	50	11	60	42	19	33	8	3	61	70	—	26	5	388
Other skin diseases	448	204	351	217	150	209	93	69	464	456	135	111	152	3,059
Miscellaneous— (*e.g.*, Minor injuries, bruises, sores, chilblains, etc.)	1,079	416	480	720	354	339	297	235	1,117	1,210	353	625	183	7,408
No appreciable defect	20	34	57	3	18	28	7	6	16	16	13	34	827	1,079
Cases	2,185	1,302	1,263	1,499	778	959	572	423	2,673	2,549	754	1,048	2,231	18,236

EYE DEFECTS

The number of children found to have defective vision at the routine examinations is set out in the table below.

	No. examined.	Normal vision. %	Defective vision. %
Infants or Entrants.			
Boys	3,140 out of 3,785	96·40	3·59
Girls	3,082 out of 3,676	95·91	4·08
Intermediates.			
Boys	2,595	92·95	7·05
Girls	2,522	93·14	6·85
Seniors.			
Boys	2,316	90·11	9·88
Girls	2,253	89·17	10·83

OPHTHALMIC TREATMENT

The Ophthalmic Clinic has been held on eight sessions each week during school terms and the work of the Ophthalmic Surgeons has been fully described in previous Reports. The total number of cases dealt with in 1941 was 3,461 ; of these, 958 were new cases and the total number of examinations was 7,024.

The figures relating to the provision of spectacles are given below.

Spectacles—

Number of pairs prescribed in the school clinics	1,167
,, obtained under the Committee's scheme and passed by the ophthalmic surgeons	1,113
Total number obtained under the Committee's arrangements—	
free of charge	363
at a reduced rate	354
on condition of repayment	13

A summary for the past year of the children under the care of the ophthalmic clinic is given below :—

Discharged after treatment	51	
,, spectacles obtained	171	
,, old spectacles satisfactory	281	
,, over school age	38	
,, left district	12	
,, transferred to hospital	1	
,, no appreciable defect	42	
		596
Requiring further treatment		451
Still under observation—		
Treatment cases	60	
Refraction cases	2,354	
		2,414
		3,461

ORTHOPTIC TREATMENT

Mr. Hay reports as follows on the work of the orthoptic department :—

"The Training of the Squinting Child.

It was thought at one time that all one could do for a squint was to correct it by operation. It is very different now. Operation is still in many cases necessary, but it is preceded by intensive training wherever possible for the purpose of re-educating the squinting eye to see and behave like a normal eye and combine effectively and well with the other eye.

In a normal healthy child the two eyes see equally well ; the picture of the outside world received by the right eye is fused with the picture received by the left eye ; the two pictures fuse to form one. In addition, such a child has perception of depth, and recognises the relationship between objects placed at different distances.

When an eye begins to squint, the keen sight begins to fail, because the eye is no longer directed towards the object at which the other eye is looking. The squinting eye becomes what is commonly known as an ' idle ' or ' lazy ' eye. Further, the picture which it receives is quite different because the eye is looking in the wrong direction, and so it cannot be combined with the picture received by the other eye. And for the same reason the child has lost his sense of depth. He can no longer perceive that one object is placed farther back than another and by how much.

It follows that we cannot talk about a cure of a squint until the following conditions have been satisfied :—

1. The sight which has been lost must be recovered, and the squinting eye must be trained, if possible, to see as well as the other eye.
2. The child must recognise that he can see an object or his surroundings with each eye, and when he has realised this he must learn to fuse the two pictures.
3. His perception of depth must be restored.

There are many causes and varieties of squint. Not all squints can be cured by training alone, and quite a large number cannot be dealt with otherwise than by operation, either to supplement the results of training and produce a complete cure, or to step in where training has been found impossible. In the latter case the result aimed at is a cosmetic cure in which the two eyes appear to be straight, but where one eye still remains an ' idle ' eye.

The diagnosis of a squinting eye is not always as simple as it seems. In some cases repeated examination is required, and often the trained ophthalmic surgeon has to use special tests and apparatus in order to make sure whether the child is squinting or not.

The sight in the squinting eye is restored as far as possible by covering the good eye and so making the child use the defective one. When the sight is recovered and the child is old enough to understand the exercises which follow, training is begun. The latter requires great patience on the part of the trainer, a great deal of patience and co-operation on the part of the child, and much patience and sacrifice of time on the part of the parents. Many parents living at long distances are often unable to bring the child three times a week or even twice a week, and others, having hoped for quick results, lose patience when the training is prolonged.

Is it desirable to go to so much trouble and expense to cure the child of a squint ? The answer is decidedly ' yes.' It is always better to have two good eyes instead of only one. A squint cured by operation alone usually still leaves the patient with only one good eye, and in after life this is often a source of worry and anxiety. It is always a comfort to know that one has two good eyes, and in many walks of life the association of two good eyes is necessary for the best work. Apart from these considerations, there is the fact that a person with two ' straight ' eyes has a better chance of employment in a good position than a candidate with a squint.

The School Medical Service undertakes to train children who squint, and has provided a special department called the ' Orthoptic Department.' The name ' Orthoptic ' is derived from the Greek word ' orthops,' meaning ' straight eye,' and those who train the children are called ' Orthoptists.' They are men and women who have been trained in this special work and have passed special examinations.

During the year 1941 there have been 3,162 attendances. 239 new patients were examined, and 50 taken over from the previous year. Of the 239, 19 were found to have no defect ; 162 were accepted for training ; 9 were found to be unsuitable, and 49 were tried and found unsuitable.

At the end of 1941, 52 children were attending for instrumental treatment, and 50 had one eye covered to train the squinting eye preparatory to instrumental treatment.

During the year 49 cases were discharged after a complete course of training, 14 of which were completely cured and 35 greatly improved."

EAR, NOSE AND THROAT DEFECTS

Of the children examined at the routine examinations, 1,770 were found to have enlarged tonsils, 343 slight and 36 markedly adenoidal growth.

The recommendations for these conditions are shown below :—

	Referred for treatment.	For observation.
Enlarged tonsils	178	228
Adenoids	12	16
Tonsils and adenoids	127	45

The percentage of children referred for treatment of unhealthy tonsils and adenoids was 1·84 (1·9 in 1940).

The Committee does not make any direct provision for operation for these conditions and children are referred to the appropriate specialist at one of the hospitals. A limited number are examined by Mr. Cobb, the Aural Surgeon, at the Aural Clinic.

The number of operations for the year for tonsils and adenoids is 134, compared with 299 for 1940.

In addition, 219 children were found to be mouth breathers and special treatment was advised where indicated.

AURAL CLINIC

Mr. Cobb, the Aural Surgeon, holds a weekly session for the examination of nose, throat and ear defects. The total number seen during the year was 548, and of these, 316 were new cases.

The total number of attendances of children at this special clinic was 777.

The following table gives an analysis of these cases :—

	Discharging ears.	Deafness without discharge.
Discharged cured	10	91
,, improved	8	21
,, over age	4	6
,, no appreciable defect	6	29
,, discontinued attendance	—	5
Transferred to minor ailment clinic	1	2
Transferred to hospital or other agency	2	1
Requiring further treatment (including cases waiting for operation)	42	311
Recommended School for the Deaf	—	9

AUDIOMETRIC TESTING

The number of children tested by the 4-AE gramophone audiometer and the results obtained were as follows :—

Number tested.	Deaf 1st test.	Number retested.	Deaf 2nd test.
3,266	541	541	142

All the children tested who are found to have more than 9 units loss on the first test are retested to eliminate such factors as novelty, lapse of concentration and nervousness.

Of the children tested the following analysis is made :—

Group A.	(–3-6 decibels)	4,756	Normal ears.
,, B.	(9-18 ,,)	1,692	Slightly deaf ears.
,, C.	(21-31 ,,)	84	Partially deaf ears.
		6,532	

A further analysis is made of children with defective hearing in both ears.

Group B.	44	children.
,, C.	28	,,
	72	

SPEECH TRAINING CLASSES

Miss Dron, the Speech Therapist, resigned at the end of September and up to the end of the year the classes have been in abeyance.

DENTAL TREATMENT

The anomaly of the increased acceptance rate for treatment during 1941—58 per cent. as compared with 53 per cent. for 1940—with a drastically curtailed dental staff, as shown on page 7, is recorded with some interest.

The suggestions in Circulars 1523 and 1559 regarding utilization of the restricted dental staff to the best advantage have been followed. In this connection, the number of extractions for 1941, 30,464, should be compared with the 34,363 extracted during 1940 with a complete dental staff.

Out of every 100 children treated, 38 children had permanent fillings compared with 51·4 for 1940. The corresponding number for England and Wales for 1938 was 78·5.

ORTHOPÆDIC AND POSTURAL DEFECTS

A full account of the Committee's scheme for the treatment and supervision of these defects was given in previous reports.

Mr. Holdsworth, the Orthopædic Surgeon, reports as follows :-

> "The work of the Orthopædic Clinic during 1941 has been very satisfactory.
>
> There is still a further increase of slight postural deformities, particularly flat-foot and knock-knee. Many of the more serious orthopædic operations have been deferred as it has been thought unwise to place children in hospital in the centre of the City during these times."

A summary and analysis of the cases seen by the Orthopædic Surgeon is given below.

Conditions	Seen at the Clinic	At Special Schools			Total
		Newhall	Highfield	Nether Green	
Infantile paralysis	25	2	4	5	36
Spastic paralysis	19	3	1	2	25
Congenital deformities—					
(*a*) Talipes	15	—	—	1	16
(*b*) Dislocation of hip	6	—	—	1	7
(*c*) Spina bifida	4	—	—	—	4
Scoliosis	18	—	—	—	18
Kyphosis	6	—	—	—	6
Rickety deformities	8	1	—	—	9
Flat foot	87	—	—	—	87
Amputations	—	—	1	—	1
Tuberculosis of bones and joints	4	—	—	—	4
Pes cavus	8	—	—	—	8
Hydrocephalus	1	—	—	—	1
Perthé's disease	2	—	—	—	2
Congenital claw toe	17	—	—	—	17
Knock knees	7	—	—	—	7
Torticollis	14	—	—	—	14
Pes valgus	41	—	—	—	41
Congenital shortening leg	3	—	1	—	4
,, high scapula	7	—	—	—	7
Pes equinus	5	—	—	1	6
Pes varus	4	—	—	—	4
Others	106	1	1	—	108
	407	7	8	10	432
Attendances	589	9	10	11	619

Number of new cases	211
Number of old cases	221
Number of cases discharged	61
Number of cases discharged over age	5
Number of cases transferred to hospital	32
Number of operations advised	9
Number of operations performed	6
Number of new appliances ordered	80
Number of satisfactory appliances	58
Number of appliances in need of repair	7

Thirty-one appliances were supplied free of cost.

NON-TUBERCULOUS CASES SEEN BY MR. LEE PATTISON

Number of Sheffield school children treated at King Edward VII Hospital during 1941	14
Number of Sheffield school children seen at orthopædic clinics of the Child Welfare Department during 1941	32

REMEDIAL EXERCISES AND PHYSIO-THERAPY

Treatment is given at the Edgar Allen Institute and 84 children were referred to the Institute through various agencies. Dr. ABERCROMBIE, the Medical Director, has kindly provided the following complete report :—

Condition	Number treated	Result of Treatment			
		Free from symptom	Improved	Not Improved	Did not attend
Debility	22	12	9	1	—
Rheumatism	8	1	6	—	1
Arthritis	1	—	1	—	—
Adenitis	3	—	3	—	—
Kyphosis	1	—	1	—	—
Scoliosis	11	2	7	—	2
Pes planus	9	1	5	—	3
Genu valgum	4	—	2	1	1
Hallux valgus	1	—	1	—	—
Hallux rigidus	1	1	—	—	—
Talipes	1	—	1	—	—
Congenital deformity	1	—	1	—	—
Facial paralysis	3	3	—	—	—
Incorrect posture	5	1	2	—	2
Post-diphtheritic paresis	5	—	3	—	2
Backache	1	—	—	1	—
Diplegia	1	—	1	—	—
Synovitis	1	1	—	—	—
Tubercular glands	2	1	1	—	—
Anterior poliomyelitis	1	—	1	—	—
Recurrent bronchitis	1	—	1	—	—
Chilblains	1	—	1	—	—
Total	84	23	47	3	11

TUBERCULOSIS OF BONES AND JOINTS

Mr. LEE PATTISON, the Surgical Tuberculosis Officer, has kindly supplied the following information :—

Number of Sheffield school children treated at King Edward VII Hospital during 1941	47
Number of Sheffield school children seen at the Tuberculosis Dispensary during 1941	690

HEART DISEASES AND RHEUMATISM

A clinic as an integral and important part in the School Medical Service for the supervision of heart diseases and rheumatism was established in October, 1941. This arrangement is complementary to the scheme for residential treatment at Ash House School since suitable children seen at the clinic can be nominated for this school and complete " follow-up " on discharge can be effectively procured at the clinic.

The clinic, however, not only exists for the supervision of these diseases, but also for an accurate diagnosis of suspected heart conditions. During Routine Medical Inspection and examinations at the clinics, heart murmurs are discovered which call for expert and critical assessment. At this special clinic, these can be differentiated and the child who is suffering from a minor congenital cardiac defect or other functional murmur is saved from a restricted school life and possibly imposed invalidism. The clinic is proving to be of great interest to the parents who readily accompany the children and show active co-operation. The examination of the majority of these children by the same physician in the early stages of the disease, during their treatment at the hospital, through their convalescences at Ash House and the " following-up " at the clinic is a pleasing characteristic of the scheme which cannot be overstressed. The active association with the Children's Hospital is also of the greatest value in securing any further laboratory investigation and *x* ray examination.

The accompanying classification is used at the Hull Rheumatism and Heart Clinic and the writer makes grateful acknowledgment to the facilities extended to him there.

Condition	School children	
	Cases	Attendances
1. RHEUMATIC PAINS OR ARTHRITIS—		
(*a*) with heart affection	7	9
(*b*) without heart affection	1	1
2. RHEUMATIC CHOREA—		
(*a*) with heart affection	—	—
(*b*) without heart affection	3	4
3. RHEUMATIC CARDITIS WITHOUT (1) OR (2) ABOVE	6	7
4. CONGENITAL HEART DISEASE	3	5
5. FUNCTIONAL HEART DISORDER	—	—
6. NO RHEUMATISM OR HEART DISEASE OR DISORDER ..	2	2
Totals	22	28

TUBERCULOSIS

Co-ordination between the School Medical Service and the Clinical Tuberculosis Officer, Dr. Midgley Turner, continues smoothly and efficiently. Dr. MIDGLEY TURNER'S report on the work of the Dispensary in relation to school children follows :—

> " The work of the Tuberculosis Dispensary amongst tuberculous children and suspects continues to be carried on in close co-operation with the School Medical Department. The sessions on Wednesday mornings and afternoons and Saturday mornings are mainly devoted to the examination of school children at the Tuberculosis Dispensary.

War conditions inevitably affect the volume of the work although the figures for reference of children from the School Medical Department and attendances of notified cases are rather higher than the corresponding figures for 1940.

The names of all children who are known to have been in contact with infectious cases of tuberculosis in their homes are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. In all, 241 of these ‘ contacts ’ were reported to the School Medical Officer during 1941.

The examination of ‘ contacts ’ has been continued and the regular treatment and supervision of tuberculous children has been carried out Of the 315 ‘ contacts ’ of school age examined, 178 were retained on treatment and supervision at the Tuberculosis Dispensary.

During the year 1941, 4,968 attendances (exclusive of new cases) were made by school children, 3,197 by notified cases, and 1,771 by observation cases.

New Cases.—6 notified cases of tuberculosis of the lung were examined, 315 ‘ contacts ’ and 329 suspicious cases. (Of the latter, 119 were sent up by the School Medical Officer).

X-ray examinations were made in the cases of 399 school children.

During the year, 56 notified and 111 suspicious cases were admitted into Sanatorium for observation and treatment.

The number of Notifications of Tuberculosis in school children received was :—

PULMONARY—	Males ..	55	NON-PULMONARY—	Males ..	36
	Females ..	30		Females ..	22

Tubercle bacilli were found in the sputum of two children.

Forty-six places at the Whiteley Wood Open Air School were reserved for children selected by the Tuberculosis Medical Officer. Should he not require the whole of the 46 places, there is an arrangement whereby the vacant places are filled by the School Medical Officer. The children selected had signs of infection of the chest glands without marked invasion of the lung tissue, and were, therefore, in a non-infectious condition.

In addition, twenty-six places were reserved at the Springvale House Open Air School for children selected by the Tuberculosis Medical Officer.”

CHILD GUIDANCE CLINIC

This year has seen a number of changes in the personnel of the Child Guidance Clinic. Dr. F. J. S. Esher resigned at the end of 1941 and Dr. Michael Fordham was appointed part-time Psychiatrist and attended the clinic on one day each week from the beginning of March onwards. Miss Darby, one of the clinic's psychiatric social workers, resigned and left the clinic at the end of February and was not replaced until the beginning of September, when Mrs. M. P. Tickle joined the staff. On the 1st May, the School Medical Officer became the clinic's Medical Director and Mr. N. E. Whilde joined the staff as Educational Psychologist-in-Charge.

In pursuance of the decision to open branch clinics at Doncaster and Rotherham, preliminary arrangements were made, meetings of head teachers addressed to explain the function of the clinics and the final step taken when the clinics were opened during the first week of November, 1941. Each clinic thereafter opened on one day in each week.

The number of cases referred from the authorities outside Sheffield shows an increase of 19 over 1940, and it is expected that this number will rise as the branch clinics become well established.

In addition to the changes and re-organization mentioned above, a newly constituted Child Guidance Advisory Committee was set up with the following representatives : Sheffield Education Committee 4, West Riding Education Committee 3, Rotherham Education Committee 2, Doncaster Education Committee 2, Sheffield University Education Department 1, Sheffield Training College 1.

As mentioned in the last Annual Report, the clinic was damaged in an air raid in December, 1940. First-aid repairs were effected early in the year, but it was not until June that the clinic was entirely usable again. The inconvenience thus caused, together with the staff changes, was to some extent disturbing, but the clinic was functioning efficiently with full complement of staff after the midsummer holiday.

In addition to the talks given to head teachers mentioned above, groups of parents, teachers and medical and education students have been addressed. These talks were given by request and demonstrate the interest that is taken in the work of the clinic.

During 1941, there were 35 more cases referred than in 1940, and 39 more cases were closed than in that year. At the same time, the number of cases on the waiting list was reduced from 43 to 17, whilst there were 16 more ' open ' cases, that is to say, cases being dealt with at the end of the year under review.

	Sheffield	West Riding	Doncaster	Rotherham	Total
Number of Cases Registered during 1941.					
Girls	30	11	1	8	50
Boys	79	17	8	5	109
Total	109	28	9	13	159
Analysis of Registered Cases.					
Cases closed 1-1-41 to 31-12-41	124	21	11	13	169
Cases open 31-12-41	49	14	4	2	69
Cases on waiting list 31-12-41	10	5	1	1	17
Total	183	40	16	16	255
Reasons for Closing Cases 1941.					
Not accepted	2	1	1	—	4
Did not attend at all	21	9	—	—	30
Parents unco-operative	3	—	1	2	6
Further attendance impossible	5	1	—	—	6
Transferred to other treatment	5	1	—	1	7
Consultation only	77	7	5	10	99
Satisfactory treatment	11	2	4	—	17
Total	124	21	11	13	169
Analysis of Cases open 31-12-41.					
Under treatment	27	9	—	—	36
Under social supervision	5	1	3	1	10
Under investigation	15	4	1	1	21
Investigation complete, awaiting treatment	2	—	—	—	2
Total	49	14	4	2	69

REASONS OF REFERENCE FOR ALL CASES DEALT WITH IN 1941.

Authority	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Other disorders	Total
Sheffield	23	9	90	49	2	173
West Riding	8	4	21	2	—	35
Doncaster	1	1	12	—	1	15
Rotherham	—	—	6	9	—	15
Total	32	14	129	60	3	238

SOURCE OF REFERENCE.

Authority	School Medical Officer	Head Teacher	Speech Therapist	Parent	Court	Probation Officers	Hospital	Others	Total
Sheffield	66	15	27	28	12	6	5	14	173
West Riding	29	1	—	3	—	1	—	1	35
Doncaster	4	4	—	3	1	—	—	3	15
Rotherham	13	1	—	—	1	—	—	—	15
Total	112	21	27	34	14	7	5	18	238

AGE RANGE.

Authority	0-4 years 11 months	5-6 years 11 months	7-10 years 11 months	11-13 years 11 months	14-15 years 11 months	16+	Total
Sheffield	8	22	69	52	18	4	173
West Riding	1	3	10	17	4	—	35
Doncaster	—	2	8	4	—	1	15
Rotherham	—	2	8	5	—	—	15
Total	9	29	95	78	22	5	238

INTELLIGENCE QUOTIENT RANGE. (Terman Merrill Form L.).

Authority	74 and under	75-89	90-109	110-119	120+	Not tested	Total
Sheffield	24	25	46	11	15	52	173
West Riding	3	7	6	2	3	14	35
Doncaster	2	2	5	1	—	5	15
Rotherham	6	5	1	—	1	2	15
Total	35	39	58	14	19	73	238

RETURN OF INTERVIEWS AT THE CLINIC.

Authority	Psychiatric Department	Psychological Department	Social Department	Total
Sheffield	116	892	631	1,639
West Riding	94	94	152	340
Doncaster	2	27	41	70
Rotherham	5	41	66	112
Total	217	1,054	890	2,161

EVACUATION

The evacuation of unaccompanied children continued during the year. 74 children were examined by the medical officers and of these, 13 were held over for further consideration. Two children were certified unfit, one on account of hæmophilia and the other because of diphtheria. Of the remaining eleven, nine had nits and two were suffering from scabies, but eventually these were marked fit for evacuation. Plans have been in readiness for medical inspection in the event of any organised evacuation.

At the end of the year approximately 1,150 children were in the reception areas, and tribute must again be paid to the county medical officers for their help and co-operative attitude in arranging treatment and in resolving many problems in connection with these children.

WORK OF SCHOOL NURSES

A full description of the duties of the school nurses has been given in previous reports and the statistical record appears below :—

SUMMARY OF THE WORK OF SCHOOL NURSES IN 1941.

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Routine Inspection.		
Examination of children under cleanliness scheme—Boys	53,968	
Girls	64,852	
	———	118,820
,, ,, for " following up "		1,261
,, ,, investigation of outbreaks of infectious diseases, etc.		5,313
,, ,, any other purpose—		
Number referred to clinics	2,074	
Others	4,909	
Weighing and measuring	8,519	
	———	15,502
Number of visits to schools		4,869

IN THE CLINICS—

Inspection Clinic—Attendance with the Medical Officers.

Treatment Clinic—

	Eye Treatment		Ear Treatment		Dressings	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe	159	1,928	129	2,389	908	4,567
Pitsmoor	91	1,359	209	2,768	826	5,999
Hillsborough	42	442	124	1,386	585	4,372
Heeley	198	1,489	178	1,492	654	5,251
Central	205	1,797	229	3,285	1,127	7,900
Handsworth	21	169	43	515	203	990
Woodhouse	33	194	46	484	266	1,445
Shiregreen	185	2,118	261	2,885	1,106	7,259
Manor	218	2,612	208	2,777	1,324	7,734
Wisewood	96	531	82	809	398	1,986
Wybourn	83	549	64	796	781	5,527
Southey Green	34	378	29	408	352	3,839
Special Schools	103	3,596	95	3,668	1,536	16,472
Total	1,468	17,162	1,697	23,662	10,066	73,341

Children bathed at Cleansing Station	2,300

IN THE HOMES—

Visits for "following up"	1,607
,, neglect, uncleanliness, etc.	820
,, various purposes	3,985

CLEANLINESS SURVEY—

Total examinations—	Boys	53,968			
	Girls	64,852		118,820	
Nits found	Boys	2,530	(4·7%)		
	Girls	14,377	(22·2%)	16,907	(14·2%)
Verminous	Boys	342	(0·6%)		
	Girls	828	(1·3%)	1,170	(·98%)
Dirty	Boys	1,133	(2·1%)		
	Girls	422	(0·7%)	1,555	(1·31%)
Verminous clothing found				—	
Number of individual children found to be not clean during the year				11,268	

In accordance with the local practice, 2,074 children, who were found to be suffering from various defects during the cleanliness inspections, were referred by the nurses to the clinics.

INFECTIOUS DISEASES

The School Medical Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The general arrangements and methods employed in maintaining close supervision and in investigation have been fully described in previous reports. The incidence of infectious disease during the four quarters of the year as reported by Head Teachers is shown below. These numbers do not give complete cases but are sufficiently indicative of the trend of infection.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Measles	143	498	102	42	785
German measles	57	444	162	47	710
Whooping cough	169	1,040	492	153	1,854
Chicken pox	135	745	376	512	1,768
Mumps	37	320	284	3,428	4,069
Scarlet fever	50	63	59	102	274
Diphtheria	91	101	130	201	523

DIPHTHERIA

The total number of notified cases of diphtheria occurring in the age-groups 5-15 years was 853, compared with 530 in 1940.

The number of fatal cases occurring amongst school children was 16 compared with 20 in 1940.

As a local measure, all the children discharged from hospital during 1941 were examined and swabs were taken by the school medical officers. Of 503 children examined in this manner, 90 swabs were found to give positive results. All contacts of notified cases of diphtheria were also examined. There were 962 children seen, and in 143 cases there were clinical indications for taking swabs. Of these, 19 were returned as positive.

The school medical officers notified 253 cases of diphtheria, 185 being throat cases, 65 nasal and 3 aural. Swabs were taken as indicated, and the following table shows the number taken and the results.

	Positive.	Negative.	Total
Throat	210	995	1,205
Nose	79	249	328
Ear	6	6	12
	295	1,250	1,545

In addition, 4 swabs from the throat, 4 from the nose and 3 from the ears were submitted for virulence tests and of these, 2 throat, 2 nasal and 1 ear swab were stated to be virulent.

The school medical officers made 117 visits to the schools where cases of diphtheria had occurred for the purpose of investigation.

IMMUNIZATION AGAINST DIPHTHERIA

Following Circular 1536 in which the Board urged that help should be given by officers in the School Medical Service to carry out diphtheria prophylaxis, the Committee gave its consent to this proposal. The Medical Officer of Health and the School Medical Officer very soon arranged working details but, unfortunately, the difficulty in obtaining the requisite apparatus retarded the rate of progress.

It was agreed that the school medical officers should undertake the immunization of school children in the schools and that families should be encouraged to attend together with siblings under school age. Work in other areas showed that good results were obtained by dealing with each school separately.

The School Medical Officer realised that the head teachers would be very helpful in obtaining the consent of the parents. Accordingly, at a meeting of head teachers the School Medical Officer gave a general talk on diphtheria prophylaxis and a film bearing on this subject was shown. The head teachers readily promised to give all possible help.

When immunization was commenced, the talk and exhibition of the film were given to parents' meetings at the schools. It was soon realised by the high acceptance rates and the requests for treatment that this form of propaganda was unnecessary. The wireless talks and information appearing in the local Press, through the generosity of a trade society, on the subject were sufficient to keep the virtues of the measure before the public. The circular letter to the parents, with a tear-off consent portion, gives clear and valuable information.

As the susceptibility rate and distribution in Sheffield had not been investigated, and as a check on the conversion to immunity was thought desirable, it was decided to sample various districts by means of a primary Schick test. The results of the test are given below. No further primary tests, however, will be given as it is aimed to immunize as rapidly as possible.

After due consideration to the most recent work, the antigen given for children up to the age of eight is alum-precipitated toxoid in two doses of 0·2 c.cm. and 0·5 c.cm. with a month's interval between the injections. From the age of eight, toxoid-antitoxin floccules in three doses of 1. c.cm. at intervals of a fortnight is exhibited. Up to the time of writing, very few serious reactions have occurred with either antigen.

The relevant numbers are shown below.

Number of letters sent to schools		10,839
,, parents who desired treatment		8,191
,, ,, later refused treatment		518
Acceptance rate		71%
Number of children who have attended for treatment		6,581
,, received complete treatment—		
Children up to 5	350	
5 to 15	4,704	
over 15	37	
		5,091
Number received part treatment		1,490

Frequency of positive reactors at Primary Schick Test according to age and sex :—

Age in Years	Boys			Girls			Boys and Girls		
	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.
5	2	—	—	—	—	—	2	—	—
6	2	1	50·0	2	—	—	4	1	25·0
7	7	2	28·5	6	2	33·3	13	4	30·7
8	216	125	57·8	228	135	59·2	444	260	58·5
9	272	164	60·2	290	176	60·6	562	340	60·4
10	263	153	58·2	326	198	60·7	587	351	59·5
11	251	141	56·1	276	174	63·0	527	315	59·7
12	244	137	56·1	259	150	57·9	503	287	57·0
13	288	154	53·4	232	131	56·4	520	285	54·8
14	33	20	60·6	35	23	65·7	68	43	63·2
15	2	1	50·0	9	7	77·7	11	8	72·7
Over 15 ..	3	—	—	46	13	28·2	49	13	26·5
Total ..	1,583	898	56·7	1,709	1,009	59·0	3,292	1,907	57·9

Particulars of the work carried out during 1941 are set out in the following tables :—

	Subjected to Primary Schick Test			Inoculated* but not subjected to Primary Schick Test	Total number inoculated	Number who have received part treatment	Failed to attend for completion of inoculation
	Number Tested	Positive	Inoculated*				
Under 5 years	—	—	—	350	350	83	11
5 years and upwards ..	3,292	1,907	1,890	1,739	4,741	1,407	156
Total ..	3,292	1,907	1,890	2,089	5,091	1,490	167

*Complete course of injections

SCARLET FEVER

The total number of cases of scarlet fever occurring in children between 5-15 years notified to the Medical Officer of Health during 1941 was 448, compared with 376 in 1940. The school medical officers notified 15 cases. Fortunately the disease was of a mild character.

WHOOPING COUGH

An epidemic of whooping cough occurred during the second quarter of the year. It is of interest to note that although the epidemic of measles occurring last year was later than expected according to the usual biennial periodicity, this outbreak of whooping cough followed the measles epidemic in its customary train. The school medical officers notified 37 cases of whooping cough during the year.

CHICKEN POX

Two visits were paid to the schools in connection with this disease.

MUMPS

An epidemic of mumps occurred during the last quarter of the year and two visits were paid to the schools on this account.

SCHOOL CLOSURE

No school or department was closed during the year on account of infectious disease, but the School Medical Officer issued 7 certificates under the Code Amending Regulations showing that the low attendance appeared to be due to epidemic sickness.

PHYSICAL EDUCATION

Although the usual informative report by Mr. Carr, the Chief Superintendent of Physical Education, has again not been included owing to war restrictions, it may be permissible to recall here that physical education continues to take its rightly won place in the school curriculum.

Mr. Carr contributes the following report :—

> " In spite of war-time difficulties, physical education in the schools is maintained. The loss to the service of 320 of the youngest men teachers has effected the work mostly of senior boys, but special training courses have been held whereby older men teachers have received a modified form of training which has enabled them to undertake apparatus work for senior boys. Mixed classes of men and women teachers were arranged and younger women teachers made familiar with boys' work. Arrangements have been made for the smaller units of 12, then 20 to be replaced by units of 40 for swimming instruction. Last year, the Sheffield Elementary Schools were successful in regaining the National Life Saving Trophy. Although transport difficulties persist, games training is still carried on in the Public Parks and Committee's Playing Fields.
>
> The Education Committee has this year allocated a sum of £2,200 towards the purchase of gymnastic shoes—a long stride forward in the march towards full attainment of ideal conditions for school children.
>
> Other phases of physical education, such as dancing, are being extended. Altogether, the teachers are to be congratulated on the initiative shown in dealing with abnormal difficulties."

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND VOLUNTARY BODIES

The value attached to the parent's presence at the routine medical inspection and the importance of consultation between the doctor and the parent whenever possible has been stressed in previous reports. It is gratifying, therefore, to record the following high percentage of parents who took advantage of attending with the children at the routine examinations :—

		%
Entrants	5 years old	91·7
Intermediates	8 ,,	79·46
Leavers	12 ,,	57·41

Parents also value the consultation offered and accompany the children in increasing number at most of the Clinics.

To the teachers and the inspectorate a special debt of gratitude is due. They help in very many ways and give active assistance in ensuring the success of medical, dental and cleanliness inspections and in the preparation of special reports on individual children.

The Education Welfare Officers give valuable aid in the following up system and provide the connecting links between the ancillary sections.

The help which has been given during the year by the National Society for the Prevention of Cruelty to Children, through their energetic and tactful local inspectors has been much appreciated.

The Cripples' Aid Association, the Voluntary Association for Mental Welfare, the Council of Social Service, and the Sheffield Schools Clothing Guild have again rendered useful service during the year.

Although the Sheffield School Children's Holiday Association were no longer able to send school children to the Fairthorn Convalescent Home during the year, alternative accommodation was fortunately found at Derwent Hall. Children selected by the head teachers were medically examined at the school clinic. For most of the period August to October batches of 24 children, boys and girls alternately, were in residence for a fortnight. 144 children in all had a beneficial holiday in this way.

Due acknowledgment and thanks are given to the local Press for their sympathetic and helpful presentation of school medical topics.

NURSERY SCHOOLS AND CLASSES

At the beginning of the year the Nursery Schools at Denby Street and Broomhall Road provided accommodation for 170 and 95 infants, respectively. The Nursery Classes at Arbourthorne Central School provided for 80 infants.

With the increased demand for women's labour it became apparent that further provision for nursery education of infants under five years was urgently required. Accordingly, the organisation of extra nursery classes was vigorously prosecuted and in spite of many difficulties 13 classes, each available for 40 infants, were opened by the end of the year. The value of the nursery school from the medical and educational view is now generally accepted and nursery classes have been organised on similar lines. In particular, it may be mentioned that breakfast, dinner and tea have been provided from the inception of these classes. The food is cooked at the school and great ingenuity is shown in the planning of these meals.

The medical officers examine the infants once a term and the school nurses visit the classes regularly. The systematic weighing of the infants each term is an important feature of supervision.

Number of visits by school medical officers 66

	Boys.	Girls.
Number examined at routine medical inspection ..	410	353
Number examined as "special" cases	20	4

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect or Disease	Routine Inspection. No. of Defects		Special Inspection. No. of Defects	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Minor ailments	9	4	—	—
Visual defects	10	19	—	2
Defects of nose and throat ..	15	34	3	5
Dental defects	—	—	—	—
Other defects	19	50	—	2

RETURN OF DEFECTS TREATED

Defect or Disease	Number of defects treated or under treatment during the year		
	Under the Authorities' scheme	Otherwise	Total
Minor ailments	14	—	14
Visual defects	11	—	11
Defects of nose and throat ..	—	6	6
Dental defects	—	—	—
Other defects	—	10	10

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

The general arrangements for the care and supervision of handicapped children remain as described in previous years.

The Maud Maxfield Day Special School for the Deaf was destroyed by enemy action in December, 1940. Fortunately, the huts standing in the grounds, which had been used by the partially-sighted children, were undamaged. Alterations and decorations on these were carried out without delay and the school was re-opened on the 29th January, 1941. Later on in the year an Amplivox amplifier was installed.

Dr. Bösenberg sends the following report on Ash House School :-

"Ash House started its first complete calendar year with 34 patients in the School and during the year 54 new cases (43 girls and 11 boys), were admitted.

The rheumatic manifestations shown by the new cases were as follows :—

Chorea	12
Chorea and rheumatism	4
Chorea and endocarditis	8
Rheumatism only	14
Rheumatism and endocarditis	16
	54

During the year 47 cases were discharged, 35 of whom were treated to conclusion. The average length of treatment was eight months. All these cases are still doing very well, the improvement in many cases being very remarkable. Up to October these cases were followed-up at the Children's Hospital Rheumatism Clinic, but since then at the new Rheumatism and Heart Clinic at Leopold Street. It is proposed to give a fuller account of the cases followed-up in next year's report.

There were no deaths or cases of infectious diseases in the Hospital during the year.

On December 31st, 1941, there were 41 cases in Ash House.

Apart from the great improvement in their health, these children all make big strides in their education—the first regular education many have ever had. The Head Teacher and her Assistants, by careful and sympathetic interest in each case encourage the children to learn something outside the scope of ordinary school subjects. This will be of great value to them in later life and one wonders whether it is too much to hope that these small beginnings will form, in the near future, the nucleus of the Vocational Training for Rheumatics in a Comprehensive Rheumatism Service.

The monthly visit of the children's parents does much to educate them in the management of their children and impresses upon them the value of rest and quiet recreation.

In conclusion may I express my appreciation of the patience and understanding of the Matron and her staff to whose untiring efforts the success of Ash House is largely due. Only those who have had experience in the management of rheumatic children can appreciate how difficult it can be to nurse these cases when they begin to feel better and wonder why they are still kept in hospital."

GRAMMAR SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION

MEDICAL INSPECTION

Full routine inspection of all pupils at the ages of 12-15 years was continued. Candidates were examined as far as possible before entering the school in order to ensure the continuity of examination and treatment between the elementary and grammar schools.

The following statistics relate to these latter examinations :—

Candidates for admission :—

Boys	480
Girls	435

No candidate was turned down on medical grounds.

Pupils outside these age-groups can be presented by the principals of the schools for medical advice, and 133 were referred in this way.

The defects found amongst the grammar school pupils were again mainly visual, dental and postural, together with minor orthopædic cases. In all, defects found to be requiring treatment numbered 152. Letters were sent to the parents of 125 pupils found to require medical attention.

FOLLOWING-UP AND MEDICAL TREATMENT

The arrangements for following-up and treatment have been fully described in previous reports and are again unchanged.

Systematic dental inspection and treatment for grammar school pupils was continued throughout the year. The acceptance rate for 1941 was 65 per cent., compared with 64 per cent. in 1940.

MISCELLANEOUS

HEALTH EDUCATION

There have been no material changes in the teaching of hygiene in the schools.

Students in training at the City Training College for Teachers and from the Department of Education at the University, visited the school clinics and various Special Schools during the year. Demonstrations and lectures were given by the School Medical Officer.

PARENTS' PAYMENTS

No definite charge is made to parents of elementary school children for treatment carried out at the school clinics. Parents are asked to make voluntary contributions and a receipt ticket is given for every contribution received.

In necessitous cases the Committee remit the whole or part of the cost of spectacles, surgical appliances, etc.

There are similar arrangements in connection with pupils from the grammar schools and other higher institutions.

The amount received under the scheme of voluntary payments in 1941 was :—

	£	s.	d.
Central clinics (including special departments)	70	1	9
Branch clinics	399	18	0
Central dental clinics	53	4	10
Branch dental clinics	272	16	10
Child Guidance Clinic	22	1	3
Nursery schools	1	18	6
Total	£820	1	2

SHIRECLIFFE HOUSE REMAND HOME

Shirecliffe House Remand Home was destroyed by enemy action in December, 1940. Premises were acquired by the Education Committee at 287 Western Bank, where there is accommodation for 18 boys. The first boy was admitted in June, 1941, and there were 33 in all up to the end of December, 1941.

The reasons for admission are shown in the following table :—

Offences.	
Obtaining money by false pretences	2
Larceny	19
Out of control plus :—	
1. Theft	4
2. Truanting	4
3. Running away	2
Indecent assault	1
Absconder from Institution	1
Total	33

All the boys were medically examined before admission and the home was visited regularly by a medical officer. Fortunately, there have been no serious conditions, and the following minor ailments which occurred during the year were treated at the Home.

Skin conditions—	
Impetigo and septic sores	9
Boils	3
Dermatitis	1
Pityriasis rosea	1
Enuresis	2
Ear, Nose and Throat conditions—	
Otitis media	1
Coryza Group—	
Common cold	5
Eye conditions—	
Inflamed lids	2
Styes	1
Observation for appendicitis	1
Infectious Diseases—	
Mumps	1

One boy attended hospital for the removal of a foreign body from the ear and four boys had teeth extractions at the school clinic.

The School Medical Officer again desires to express his appreciation of the very effective help given by the superintendent and matron in carrying out the treatment. In addition, each boy's head was carefully cleansed on admission and it was found that 50 per cent. had lousy heads.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Student teachers	22
Candidates for appointment in the service of the Education Committee	69
For stage licences	7
Juvenile Court cases	234
For admission to Approved Schools	56
Candidates for course in physical education for older men teachers	35

EMPLOYMENT OF CHILDREN

The following table which has been furnished by the Superintendent of Education Welfare Officers gives particulars of applications for part-time employment of school children :—

Nature of Employment :—	Boys.	Girls.	Total.
News delivery	704	28	732
Errands	202	16	218

Under the local Byelaws, children who desired to deliver newspapers were medically examined and 7 were certified unfit.

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1941

ELEMENTARY SCHOOLS

TABLE I.

A—ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—	
Entrants	7,461
Second Age Group	5,117
Third Age Group	4,569
TOTAL	17,147
Number of other Routine Inspections	—
GRAND TOTAL	17,147

B—OTHER INSPECTIONS

Number of Special Inspections and Re-Inspections	106,313

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
17,147	2,411	14·06	12,557	73·23	2,166	12·63	13	·07

TABLE III.

TREATMENT OF DEFECTS CARRIED OUT UNDER THE AUTHORITY'S SCHEME

GROUP I.—TREATMENT OF MINOR AILMENTS

(excluding Uncleanliness, for which see Table V.)

Total number of defects treated or under treatment during the year under the Authority's Scheme	18,405

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT

(excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	Under the Authority's Scheme
Errors of Refraction (including squint)	3,025
Other defect or disease of the eyes (excluding those recorded in Group I) ..	80
Total	3,105
Number of children for whom spectacles were—	
(*a*) Prescribed	1,167
(*b*) Obtained	1,113

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of children inspected by the Dentists.

(*a*) ROUTINE AGE-GROUPS

Age	5	6	7	8	9	10	11	12	13	14 and over	Total
Number ..	3,966	4,519	4,194	4,077	4,153	4,472	4,132	3,496	3,484	417	36,910

(*b*) SPECIALS	5,946
(*c*) TOTAL (Routine and Specials)	42,856
(2) Number found to require treatment	31,819
(3) Number actually treated	16,593
(4) Attendances made by children for treatment	25,597

(5) Half-days devoted to :—	
Inspection	298
Treatment	3,322
TOTAL	3,620
(6) Fillings :—	
Permanent Teeth ..	6,217
Temporary Teeth ...	2
TOTAL	6,219

(7) Extractions :—	
Permanent Teeth ..	5,640
Temporary Teeth ..	24,824
TOTAL	30,464
(8) Administrations of general anæsthetics for extractions	16,192
(9) Other Operations :—	
Permanent Teeth ..	4,363
Temporary Teeth ..	41
TOTAL	4,404

TABLE V.

VERMINOUS CONDITIONS

(i) Average number of visits per school made during the year by the School Nurses or other authorised persons	22·75
(ii) Total number of examinations of children in the Schools by School Nurses ..	118,820
(iii) Number of individual children found unclean	11,268
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	—
(v) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	—

TABLE VI

A.—BLIND AND DEAF CHILDREN

Number of totally or almost totally blind and deaf children who are not at the present time receiving education suitable for their special needs.

	At a Public Elementary School	At an Institution other than a Special School	At no School or Institution
Blind Children	—	—	2
Deaf Children	—	—	—

B—MENTALLY DEFECTIVE CHILDREN

Total number of children notified during the year ended 31st December, 1941, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 45

GRAMMAR SCHOOLS

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS

Age	8	9	10	11	12	13	14	15	16	17	18	
Boys ..	8	27	31	454	541	269	43	311	71	5	—	1,760
Girls ..	12	—	—	400	384	188	23	181	37	1	1	1,227
Totals..	20	27	31	854	925	457	66	492	108	6	1	2,987

B.—OTHER INSPECTIONS

Number of Special Inspections and re-inspections ..	2,012

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

Age Groups	Number of children inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Boys	1,760	297	16·87	1,304	74·09	159	9·03	—	—
Girls	1,227	229	18·66	882	71·88	111	9·04	5	·40
Total	2,987	526	17·60	2,186	73·18	270	9·03	5	·16

TABLE III.

TREATMENT OF DEFECTS CARRIED OUT UNDER THE AUTHORITY'S SCHEME

GROUP I.—TREATMENT OF MINOR AILMENTS

Total number of defects treated or under treatment during the year under the Authority's scheme 319

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT

Errors of Refraction (including squint) .. 217

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of children inspected by the Dentist.
(*a*) Routine Age-groups.

Age	10	11	12	13	14	15	16	17	18	Total
Number	10	279	505	595	390	239	88	17	4	2,127

(*b*) Specials	152
(*c*) Total (Routine and Specials)	2,279
(2) Number found to require treatment	1,082
(3) Number actually treated	984
(4) Attendances made by children for treatment	3,760
(5) Fillings :—	
Permanent teeth	2,284
Temporary teeth	3
Total	2,287
(6) Extractions :—	
Permanent teeth	520
Temporary teeth	162
Total	682
(7) Administrations of general anæsthetics for extractions	532
(8) Other operations :—	
Permanent teeth	1,303
Temporary teeth	7
Total	1,310

HEIGHTS AND WEIGHTS

SHEFFIELD GRAMMAR SCHOOL CHILDREN.

HEIGHTS

BOYS									GIRLS								
Age	Board of Education Standard 1928	1920	1928	1933	1938	1940	1941	1941	Age	Board of Education Standard 1928	1920	1928	1933	1938	1940	1941	1941
	Inches	Inches	Inches	Inches	Inches	Inches	Inches	No. Exam.		Inches	Inches	Inches	Inches	Inches	Inches	Inches	No. exam.
12	**55·0**	**56·3**	**57·5**	**58·05**	**57·92**	**58·26**	**57·67**	**541**	**12**	**55·6**	**56·75**	**57·85**	**58·775**	**58·9**	**58·76**	**58·94**	**384**
13	56·2	57·55	58·3	58·42	59·0	59·72	59·71	269	13	56·9	58·4	59·3	60·28	60·3	60·8	60·80	188
15	**61·8**	**65·1**	**64·45**	**64·575**	**65·25**	**66·07**	**65·60**	**311**	**15**	**62·5**	**61·8**	**62·0**	**62·44**	**62·85**	**62·84**	**63·06**	**181**
16	66·0	64·55	—	65·675	66·17	66·42	67·29	71	16	62·2	62·3	—	62·5	63·15	63·79	63·21	37

WEIGHTS

BOYS									GIRLS								
Age	Board of Education Standard 1928	1920	1928	1933	1938	1940	1941	1941	Age	Board of Education Standard 1928	1920	1928	1933	1938	1940	1941	1941
	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	No. Exam.		Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	Pounds	No. exam.
12	**71·6**	**76·6**	**82·5**	**86·0**	**86·9**	**90·75**	**87·11**	**541**	**12**	**73·9**	**77·2**	**83·15**	**88·7**	**88·3**	**89·75**	**90·46**	**384**
13	76·5	82·8	87·8	93·57	90·0	94·12	95·42	269	13	79·0	85·6	90·15	98·725	98·2	101·5	100·43	188
15	**99·3**	**117·85**	**117·15**	**117·7**	**119·25**	**127·75**	**126·17**	**311**	**15**	**106·8**	**104·3**	**111·05**	**112·74**	**116·4**	**118·5**	**119·47**	**181**
16	118·0	119·8	—	123·25	126·1	129·63	131·22	71	16	106·5	108·4	—	116·13	119·9	118·75	123·24	37

ATTENDANCES AT CLINICS

	A	B	C	D	E	F	H	K	L	P	R	Y	Special Depts.	Total
	Attercliffe	Pitsmoor	Hills-borough	Heeley	Central		Hands-worth	Wood-house	Shiregreen	Manor	Wisewood	Wybourn		
Inspection and Minor Ailment Clinics	12,077	6,643	6,640	6,751	3,872	5,392	2,251	1,664	14,105	11,796	3,632	4,161	4,285	83,269
Treatment Clinics—														
Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—	7,024	7,024
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	3,162	3,162
Aural	—	—	—	—	—	—	—	—	—	—	—	—	777	777
Dental (Central and Branch)	—	—	—	—	—	—	—	—	—	—	—	—	29,925	29,925
Orthopædic	—	—	—	—	—	—	—	—	—	—	—	—	619	619
Rheumatism and Heart	—	—	—	—	—	—	—	—	—	—	—	—	28	28
Dressings by Nurse—														
Eye Cases	1,928	1,359	442	1,489	1,797		169	194	2,496	2,612	531	549	3,596	17,162
Ear Cases	2,389	2,768	1,386	1,492	3,285		515	484	3,293	2,777	809	796	3,668	23,662
Minor Surgical Cases .	4,567	5,999	4,372	5,251	7,900		990	1,445	11,098	7,734	1,986	5,527	16,472	73,341
Baths at Cleansing Station	—	—	—	—	—	—	—	—	—	—	—	—	2,300	2,300
	20,961	16,769	12,840	14,983	22,246		3,925	3,787	30,992	24,919	6,958	11,033	71,856	241,269

SCHOOL MEDICAL SERVICE

COST

The following particulars are furnished as to the cost of the School Medical Service during the year ended 31st December, 1941 :-

Section	Gross Expenditure	Income from Local Sources (other than Rates)	Net Expenditure ranking for Grant	Net Cost to Rates after deducting Government Grant, &c.	Cost in terms of Penny Rate	
					Gross Cost	Net Cost to Rates
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£	s. d.
Medical Inspection and Treatment	34,845 8 10	971 5 2	33,874 3 8	17,114 6 6	2·59	1·27
Milk for Necessitous Children	1,107 0 0	—	1,107 0 0	269 13 8	0·08	0·02
Ablutionary Baths	442 4 5	—	442 4 5	223 8 6	0·03	0·01
Special Schools	43,969 11 9	1,800 7 5	42,169 4 4	21,305 4 11	3·26	1·58
TOTALS .. .. .. £	80,364 5 0	2,771 12 7	77,592 12 5	38,912 13 7	5·96	2·88

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